

ABSTRACT

SOCIAL WORK

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A STUDY OF THE EFFECTS OF A STRESS MANAGEMENT INTERVENTION ON AN ADOLESCENT MOTHER

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This study examined the effects of a Stress Management Intervention on a sixteen year old adolescent mother of twins. The Stress Management Intervention package was used to reduce the stress experienced by the adolescent mother.

A single-system design was used to determine whether the Stress Management package produced the desired outcome in the subject. The package consisted of 3 weeks of Stress Management Training. The level of stress was measured by the Sources of Stress Inventory. The package consisted of a Cognitive Restructuring Technique and Relaxation Technique.

The findings of the study suggested that the Stress Management package did reduce the level of the subjects parental stress. The subject indicated that the Cognitive Restructuring Technique was the preferred component and therefore would more likely be continued.

**A STUDY OF THE EFFECTS OF A STRESS MANAGEMENT INTERVENTION
ON AN ADOLESCENT MOTHER**

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"When you stand with the blessings of your mother and God, it matters not who stands against you." Yoruba proverb

I would like to thank the Father and my mother, for without their support and guidance I would not have been able to complete this most challenging endeavor. I would also like to thank my brother, Martin and my grandmother, Ordilee Martin for their constant love and support. To my "sister" Kimmie, thank you for keeping my sane. You have gone above and beyond the duties of a friend. My longtime friends, Kristin and Nikki; thank you for all of your encouragement. My classmates (Velma, Traci), my professors (Dr. Fields-Ford, Professors' Ratchford and Ward), thank you all for your words of wisdom and your belief that I could complete this project. A special note of appreciation goes to Robert Quarles, Reference Librarian at Robert Woodruff Library. Finally, I would like to dedicate this project to my mother, Mrs. Theresa M. Dalton.

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CHAPTER I

INTRODUCTION

Adolescent parenthood is not a new problem in our society. The United States continues to have a growing concern regarding the prevalence of parenthood among the very young as well as the potentially negative consequences that may impact the lives of young mothers. The problem of adolescent parenthood lies not only with the parenthood, but with its timing and the implications that it may have for the adolescent mother and child. The Guttmacher Institute reported that parenting among adolescent girls between ten and fourteen years of age has increased thirty-three percent between 1985-1995.¹ Due to their youth, these young mothers are especially at risk for the negative consequences that effect adolescent parenting.

¹Pamela S. Nath, John G. Borkowski, Thomas L. Whitman, and Cynthia J. Schellenbach, "Understanding Adolescent Parenting: the Dimensions and Functions of Social Support," Family Relations 40 (October 1991): 411.

Adolescence is considered a period of major physical, psychological, cognitive and social development.² It is a period of transition from concrete to formal operational reasoning. This period marks the beginning of abstract thought about past, present and future events as well as the ability to evaluate explanations for various situations. The adolescent faced with the untimely event of parenthood is likely to be developmentally unprepared to make a smooth social and psychological transition to parenthood. Parenthood requires the young mother to discard impulsive, immature behavior of adolescence to reach the stability of motherhood. This transition to parenthood coupled with the challenges of adolescence has been cited as creating high levels of stress for the adolescent mother. The high levels of stress have been found to negatively effect the quality of parenting.³

The transition to adolescent parenthood requires a significant readjustment in the life style of the adolescent mother. Important tasks such as the development of autonomy are hindered as the adolescent mother has to depend on adults for parent training and child care. Due to the developmental immaturity of the mother, she is often ill-equipped to cope with the dual stressors of adolescence and parenthood.

²Lois, Sadler, MSN, Constance Catrone, MA, "Adolescent Parent: A Dual Developmental Crisis," Journal of Adolescent Health Care 4 (June 1983): 100.

³Robert Ketterlinus, Michael E. Lamb, and Katherine Nitz, "Developmental and Ecological Sources of Stress Among Parents," Family Relations 40 (October 1991): 437.

The increased public concern over the issue of adolescent parenting has been primarily focused on the social and economic costs of early parenthood. It is reported that one million teenage girls, between fifteen and nineteen years of age, become pregnant each year which results in approximately one-half million live births.⁴ In 1986, approximately 500 babies were born each day to adolescent girls who were younger than eighteen years old.⁵ Economically, because of the higher cost of living, society pays a higher price today for the support of the adolescent mother and child. Planned Parenthood Inc. of America explained that if every birth to an adolescent in 1990 was delayed until that adolescent reached her twenties, the government, and ultimately society, would have saved forty percent of the calculated expenses, or \$10 billion.⁶ It is this kind of evaluation of the monetary cost to society that is at the forefront of the political argument.

Adolescent parenting is a problem that disproportionately effects poor, fatherless adolescent girls living in segregated areas. Adolescent mothers are more likely to have a history

⁴Kristen Sommer, Thomas L. Whitman, John G. Borkowski, Cyntiha Schellenbach, Scott Maxwell and Deborah Keogh, " Cognitive Readiness and Adolescent Parenting," Developmental Psychology 29 (1993): 389.

⁵Gina Adams, Sharon Adams-Taylor and Karen Pittman, "Adolescent Pregnancy and Parenthood: A Review of the Problem, Solutions, and Resources," Family Relations 38 (1989): 223.

⁶Planned Parenthood Federation of America, Inc., Pregnancy and Childbearing Among U.S. Teens (New York: Planned Parenthood Federation of America, Inc., 1993).

of poor or low-income households (83%), have poor academic performance and are at a high risk of dropping out of school leading to limited career expectations. A study by the Alan Guttmacher Institute reported that over seventy percent of adolescent mothers complete high school, yet the completion isn't until the mother is in her mid to late twenties. Therefore, due to the inadequate educational skills, adolescent mothers are relegated to low-paying jobs, and/or public assistance for their economic support.

The interruption of adolescence, by the untimely event of motherhood, has been found to have a deleterious effect on the parenting skills of the adolescent mother. Research on the effects of parenting during adolescence has indicated that these mothers have deficient parenting skills because their knowledge is inaccurate and they have inappropriate attitudes concerning parenting.⁷ Therefore, these circumstances create high levels of stress brought on by the increasing demands of parenthood and have an adverse effect on the quality of parenting by the adolescent mother. Social isolation from peers, the lack of necessary tangible resources, loss of control over their personal lives and the increasing demands of child care are all found to be related to increased stress of adolescent parenting.

⁷Robert D. Ketterlinus, Michael E. Lamb and Katherine Nitz, "Developmental and Ecological Sources of Stress Among Adolescent Parents," Family Relations 40 (1991): 437.

Stress in the adolescent mother along with its effect on parenting and the overall well-being of mother and child has been cited in the literature. Stress is defined as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding her resources and endangering her well-being."⁸ Stress has been considered as a major factor in a range of problems faced by the adolescent mother, placing her at high risk for a series of consequences: increased medical complications for the mother and child, reduced educational and occupational opportunities, poor prospects for marital success, greater potential for future child abuse, and delayed completion of the developmental tasks of adolescence.⁹ The effects of these risk areas have been found to lessen with the exposure to a viable support system. The responsibility of early parenthood creates high levels of stress which the adolescent is required to manage and control.

Despite the fact that adolescent mothers tend to fair poorly in all areas of their lives, several studies have indicated that adolescent mothers who are both socially and psychologically mature are more able to cope with the numerous

⁸Steven Paul Schinke, Richard P. Barth, Lewayne D. Gilchrist and Josie Solseng Maxwell, "Adolescent Mothers, Stress and Prevention," Journal of Human Stress 4 (Winter 1986): 162.

⁹Diane DeAnda, Patricia Darroch, Marion Davidson, Jennifer Gilly, Alina Morejon, "Stress Management for Pregnant Adolescent Mothers: A Pilot Study," Child and Adolescent Social Work 7 (February 1990): 54.

stressors that are associated with parenting. The degree of intensity of the stressors tend to lessen as the mother becomes better equipped for parenthood. A study conducted by Colletta and Gregg reported that adolescent mothers who used direct action as their method of coping with problems disclosed lower levels of stress than did those who dealt with the emotional effects of the problem, redefined or avoided the problem.¹⁰

Due to the increase in national concern regarding the consequences of adolescent parenthood, there has been an increased focus on the various factors that place the adolescent mother and her child at risk for problems. Adolescent parenthood does not always condemn the mother and child to a life of low income adversities; in some instances early parenthood may have positive psychological benefits such as enhanced self-esteem and increased resiliency. Parenthood forces some adolescents to accept the challenge they face and eventually realize their goals of an education and career. The national concern has mitigated the provision of comprehensive services such as clinical interventions which incorporate developmentally appropriate parenting training along with stress-reducing exercises.

As a means of addressing the impact of early parenting on adolescence, researchers have suggested an ecological approach

¹⁰Nancy Donohue Colletta and Carol Hunter-Gregg, "Adolescent Mothers' Vulnerability to Stress" Journal of Nervous and Mental Disease 169 (1981): 52.

to explain its impact. The ecological framework would incorporate such support systems as the family, community and schools. These systems might be mobilized in examining the usefulness of such systems to the adolescent mother and child. Ketterlinus et al. have noted that eighty percent of unmarried adolescent mothers live with their families. Therefore, assuming there is no dysfunction, the family might be included in this multi-dimensional approach as a means of providing the necessary emotional and financial support to the mother and child.

SIGNIFICANCE OF THE PROBLEM

The problem of adolescent parenting is of widespread concern. Political and moral issues are raised with the fact that adolescents are becoming sexually active at a far younger age than has been previously documented. These adolescents place themselves at risk for untimely parenthood; their families and ultimately society bearing the responsibility of assisting them with financial and emotional support.

The adolescent mother faces such deleterious consequences as discontinued education and low-paying employment. Often, due to the pressures of parenting during adolescence, the mother experiences stressors which she may be ill-equipped to handle. The high levels of stress due to both adolescence and the demands of parenting may have a negative impact on the quality of parenting by the adolescent mother.

PURPOSE OF THE STUDY

The purpose of this study is to determine the effects of a Stress Management Program on the level of stress associated with adolescent parenthood.

CHAPTER II

LITERATURE REVIEW

Recently, there has been an increased focus on the issue of adolescent parenthood. One primary concern has been the social and economic ramifications of early parenting. The adverse, long-term consequences of adolescent parenting have been documented extensively, (i.e., interruption in education, the likelihood of single parenthood and increased dependency on public assistance.)

Previous literature reported that early childbearing was a direct predictor of welfare dependence. However, the majority of adolescent mothers who obtain public assistance to meet the financial burdens of parenthood eventually enter the work force when they are older and their children reach school age.¹ A longitudinal study conducted by Furstenberg et al. of 300 adolescent mothers and their children over a twenty-year period beginning in the mid-1960's concluded that there was a reduction in the use of public assistance between the three year and seventeen year follow-up, when the mothers were

¹Frank F. Furstenburg, Jr., Jeanne Brooks-Gunn, Lindsay Chase-Lansdale, "Teenaged Pregnancy and Childbearing" American Psychologist 44 (February 1989): 315.

twenty and thirty-four years old.² However, studies indicate that early child bearers will not achieve economic equality with women who postpone parenthood until they reach adulthood.

In addition to the usual difficulties confronting new mothers of all ages, (i.e., disruption of life style and economic hardship) adolescent mothers have an added stressor related to unstable relationships with significant others, especially the child's father.³ These problems are compounded by the adolescent phase of major psychological, cognitive and social development. The well-being of adolescent mothers is effected by numerous stressors accompanied by the normal social, psychological and emotional pressures of adolescence such as establishing autonomy, forming and sustaining intimate friendships and familial relationships, and developing occupational goals.⁴ Early sexual activity, pregnancy and parenting during this particular period can only serve to exacerbate the already existing stressors.

The transition from concrete to formal operational reasoning are the tasks confronted by adolescents. Erikson

²Furstenberg, Frank F., Jeanne Brooks-Gunn, Lindsay Chase-Lansdale, "Teenaged Pregnancy and Childbearing" American Psychologist 44 (February 1989): 315.

³Robert D. Ketterlinus, Michael E. Lamb, and Katherine Nitz, "Developmental and Ecological Sources of Stress Among Adolescent Parents" Family Relations 40 (October 1991): 437.

⁴Margarita Prodomidis, Sonya Abrams, Tiffany Field, Frank Scafidi and Elizabeth Rahdert, "Psychosocial Stressors Among Depressed Adolescent Mothers" Adolescence 29 (Summer 1994): 342.

emphasized that social and interpersonal experiences crucially effect adolescent development along with the formation of healthy psychosocial identities. This is accomplished when adolescents are allowed to experiment with adult roles such as parenting without the assumption of adult responsibilities.⁵ Mature sexual and intimate relationships cannot be achieved and adequate parental responsibilities cannot be demonstrated in the absence of established psychosocial identities.⁶ When events such as parenting occur, adolescent mothers are likely to be socially and psychologically unprepared to adjust.

Literature has continued to focus on the increase in adolescent parenting and the lack of competence of the adolescent mothers to function as sensitive and responsive parents. It is reported that premature developmental transition to parenthood exposes the adolescent mother to increased stress which can be detrimental to the well-being of both mother and child.⁷ Coupled with the normal stressors of adolescence, mothers must also cope with the stress of parenting. Parenthood occurs during a period when the adolescents' personal resources for coping with stress are

⁵Robert D. Ketterlinus, Michael E. Lamb and Katherine Nitz, "Developmental and Ecological Sources of Stress Among Adolescent Parents" Family Relations 40 (October 1991): 436.

⁶Ibid.

⁷Anne Wurtz Passino, Thomas L. Whitman, John G. Borkowski, Cynthia J. Schellenbach, Scott E. Maxwell, Deborah Keogh and Elizabeth Rellinger, "Personal Adjustment During Pregnancy and Adolescent Parenting" 28 (Spring 1993): 97.

underdeveloped. Due to the lack of developmental maturity, mothers have been observed as providing less than optimal parenting.

Adolescent mothers report feeling more socially isolated, unhealthy and restricted by their parenting responsibilities.⁸ These results were consistent with those of past studies which suggested that adolescent mothers experience more stress than their older counterparts.

It is generally assumed that adolescent parenthood is deleterious to both the mother and child. However, Passino et al. studied personal adjustment among a representative group of pregnant and nonpregnant adolescents and pregnant adults. The sample was collected from a midwestern urban area and included 191 pregnant adolescents, 60 non-pregnant adolescents and 53 pregnant adults. The mean age for the participants were 17.00, 15.91 and 24.96 years, respectively. The study concluded that adolescent mothers who were better adjusted prenatally would have a better relationship with their child and subsequently, experience less stress with parenting.⁹ In the Passino study, personal adjustment included social competence, behavior problems and problem-solving skills. In support of the hypothesis, Passino et al. found that those

⁸Ibid.

⁹Ibid.

adolescent mothers who were less adjusted reported their child as "less adaptable, less reinforcing and more demanding."¹⁰

Adolescent mothers with adjustment difficulties were found to have problems adapting to the demands of parenting as well as juggling the needs of their child with their own personal needs. Accordingly, there was a significant relationship between personal adjustment and the parental stress experienced by adolescent mothers.

Stress is considered a critical factor in adolescence and when coupled with parenthood, stress becomes a devastating experience. In a study conducted by Schinke et al., a list of sources of stress for adolescent mothers was cited. The subjects of the study were 79 adolescent mothers enrolled in public high school continuation programs. The mean age was 16.5 years, two-thirds were non-white, and nearly eighty-five percent were unmarried.¹¹ The top-ranked sources of stress were: unsolicited advice, criticism, negative comments from others, negative emotional stress, excessive and unreasonable demands from others, social isolation, lack of necessary tangible resources such as transportation and financial support, conflicts between significant others, perceived absence of personal control, and child care demands which

¹⁰Ibid., 117.

¹¹Steven Paul Schinke, Richard P. Barth, Lewayne D. Gilchrist and Josie Solseng Maxwell, "Adolescent Mothers, Stress and Prevention" Journal of Human Stress 4 (Winter 1986): 164.

would include lack of preparation for parenting.¹² The subjects of the study reported significantly high levels of stress and an inability to cope with the stress compounded by their parenting role. In a study of 296 first-time adolescent mothers (all under the age of 21 at the time of birth), Thompson concluded that adolescent mothers reported stress attributed to the difficulties in meeting the demands of their child as well as the life changes associated with adolescent parenting.¹³

Frequently, adolescent mothers are found to come from disadvantaged backgrounds. Statistics from the Alan Guttmacher Institute validate these findings; adolescents who give birth are more likely to come from poor or low-income families.¹⁴ Literature has suggested that stressful events have a greater impact on those individuals that are in lower income groups than those in higher income groups.¹⁵ A large factor in the increased stress of low-income adolescent mothers is that the stressful event may be beyond the control

¹²Ibid., 163.

¹³Robert d. Ketterlinus, Michael E. Lamb, and Katherine Nitz, "Developmental and Ecological Sources of Stress Among Adolescent Parents" Family Relations 40 (October 1991): 437.

¹⁴Alan Guttmacher Institute, Facts in Brief (New York: Alan Guttmacher Institute, 1994)

¹⁵Robert D. Ketterlinus, Michael E. Lamb, and Katherine Nitz, "Developmental and Ecological Sources of Stress Among Adolescent Parents," Family Relations 40 (October 1991): 438.

of the individual, an example of such stressors is finances or housing.

THEORETICAL FRAMEWORK

Cognitive restructuring is the theoretical framework that will be utilized within the stress management intervention. Cognitive restructuring has become useful in assisting the client to gain awareness of dysfunctional and self-defeating thoughts and misconceptions that may impair their functioning. Replacing those beliefs with beliefs and behaviors that are aligned with reality and subsequently help the client to attain optimal functioning.¹⁶

Cognitive restructuring techniques are particularly helpful for problems associated with low self-esteem, distorted perceptions in interpersonal relations, unrealistic expectations of self, others and life in general. The literature has indicated that adolescent mothers have higher self-esteem issues as well as difficulty in handling interpersonal relationships with parents, peers and the child's father.

The steps of Cognitive Restructuring that will be useful to adolescent mothers are as follows:

¹⁶Dean H. Hepworth and JoAnn Larson, Direct Social Work Practice: Theory and Skills (Brooks/Cole Publishing Co, 1993), 423.

Step 1. Assist the client in accepting that their self statements, assumptions and beliefs determine their emotional reactions to life events.

Step 2. Assist the client to identify dysfunctional beliefs and patterns of thoughts that underlie their problems. Within this particular step, the client is challenged to rationalize the negative self-statement. The client is also encouraged to engage in self-monitoring through the use of a journal. In the case of the adolescent mother, she would be encouraged to include situations that were stressful and the coping technique that was used. Thus, self-monitoring is a way of increasing self-awareness.

Step 3. Assist the client to identify situations that generate dysfunctional cognitions. Pinpoint the situations that the adolescent mother has identified as being stressful; key people that may have caused the stress or situations that may have caused them to berate themselves for not fulfilling self-expectations. This will enable the client and practitioner to develop tasks and coping strategies for those specific situations.

Step 4. Assist the client to substitute functional self-statements in place of self-defeating cognitions. This coping strategy consists of using positive self-statements that are both realistic and effective in eliminating negative emotional reactions and self-

defeating behaviors. The adolescent mother would be encouraged to create positive affirmations that would be recited daily as a means of replacing negative self-defeating cognitions.

Step 5. Assist the client to reward themselves for successful coping efforts. This step is important because it reinforces positive coping efforts and allows the client to reward a job well done.¹⁷

¹⁷Ibid., 425.

CHAPTER III

METHODOLOGY

The methodology section will consist of the following section: 1) Research Design, 2) Case Information, 3) Intervention Strategy and Implementation.

Research Design

The design utilized in this research project is single-system design. The A-B design was used to measure the effects of a Stress Management Intervention program on an adolescent mother. Bloom and Fischer state that the A-B design is applicable to many types of problems and settings. It is the "work horse" of practice evaluations in that A-B designs clearly identify whether there has been a change in the target problem.¹

In this research, Design A consisted of the Sources of Stress Inventory as a means of measurement of the subjects' stress. Design B was the Stress Management Intervention used to decrease the level of stress experienced by the subject.

The utilization of a Stress Management Intervention is a relatively new concept for children and adolescents. It

¹Bloom, Martin, Joel Fischer and John G. Orme. "Evaluating Practice: Guidelines For The Accountable Professional." (Needham Heights, MA: Paramount Publishing, 1995) 353.

has only recently been acknowledged that children and adolescent are also affected by stress and its physical and emotional symptoms.² Stress management enables people to cope more effectively with the stressors of life. Sometimes referred to as stress inoculation, stress management is an approach that combines relaxation techniques and cognitive restructuring.

A pilot study conducted by DeAnda et al. demonstrated the effectiveness of stress management for adolescent mothers.³ The study determined that those individuals who utilized Stress Management Intervention had a significantly greater belief in their ability to handle the stress generated by parenthood than did those who did not receive the intervention.

TREATMENT HYPOTHESIS

The working hypothesis in this study is that the Stress Management Intervention would reduce the level of the subjects' stress attributed to parenting during adolescence; thereby enhancing the overall well-being of mother and child.

²Diane DeAnda, Patricia Darroch, Marion Davidson, Jennifer Gilly, Alina Morejon, "Stress Management for Pregnant Adolescents and Adolescent Mothers: A Pilot Study" Child and Adolescent Social Work 7 (February 1990): 53.

³DeAnda, Diane, Patricia Darroch, Marion Davidson, Jennifer Gilly, Alina Morejon. "Stress Management for Pregnant Adolescents and Adolescent Mothers: A Pilot Study" Child and Adolescent Social Work. 7 1 53-67 (February 1990).

CASE INFORMATION

Adolescence and early parenthood are periods of major transition and stress.⁴ When the two coincide, the interaction can create a crisis for the adolescent mother. Erikson emphasized the importance of social and interpersonal experiences that contribute to the formation of healthy psychosocial identity.⁵ Through "free role experimentation" as well as involvement with peers, the adolescent assumes recreational and social roles without adult responsibility.⁶ These experiences are important to the development of psychosocial identity. The subjects' disruption in identity formation makes her capacity for mature sexual relationships as well as her readiness for parenthood problematic.

In order to remain anonymous, the subject of this study is referred to as Ann. Ann is a sixteen year old high school sophomore. She is African-American and the youngest of three girls. Her mother is currently serving a prison term in the State Penitentiary for murder; her father was murdered when Ann was 10 years old. She has since lived with several guardians including her older sister.

Ann was fifteen years old when she first engaged in

⁴Lois Sadler, MSN, Constance Cattone, MA, "Adolescent Parent: A Dual Developmental Crisis," Journal of Adolescent Health Care 4 (June 1983): 100.

⁵Ibid.. 101.

⁶Ibid.

sexual intercourse. Ann was using no birth control method at that time because "she was in love with her boyfriend." When she found out that she was pregnant, she initially felt sad and then shocked to find out that she was pregnant with twins. Her boyfriend was surprised, but initially did provide emotional and financial support. Ann states that he would often accompany her for her physicals, but after he was incarcerated he became reluctant to help her. Ann says she often feels frustrated and angry at him for neglecting the twins but confronting him only makes her angrier.

Ann does have a support system in her cousin, with whom she lives. Ann seldom discusses her parents, but she occasionally visits her mother. Ann attributes the infrequent visits to her discomfort at seeing her mother in prison. Ann feels that she doesn't really have a relationship with her mother because she was so young at the time of the incarceration. Ann says that not having her mother around causes her some anxiety about her ability to be a good mother to the twins.

Ann has indicated no long-term plans beyond her high school completion. Although her educational plans are to complete high school; she seldom completes a full week of classes. Ann states that school is "boring" and that it's hard getting herself and the twins to day care and school on time. Ann states that she gets up late because often one of the twins will wake her during the night. She added that

she just wants to get her diploma and live off of her social security benefits.

Parenthood during adolescence has been acknowledged as a stressful period for the adolescent mother. Because of the additional stress of having twims, Ann would be a good subject for the Stress Management Intervention. Ann often complained of being tired and fatigued and was frequently late for school. Ann often displayed little interest in the development of the twins and she would frequently say they got on her nerves. Ann sometimes would forget to bring enough clean clothes to the day care and not take an interest in feeding or playing with them as is required during her lunch period. Most of Anns' stress, she attributed to having to care for twins. Ann says that when she gets one twim quiet then the other demands her attention. She says that she rarely has time for herself anymore.

Ann initially was very interested in participating in the Stress Management program. Ann realized that she does need additional assistance managing the stress that she sometimes feels with the twins. Ann particularly looked forward to sharing her journal entries with me, discussing various stressful situations and how she handled them. During the second week, Ann was truant from school and subsequently missed our session. Upon her return, I reiterated the need for her to attend all of the scheduled

sessions for the intervention to be effective. Ann has since attended all of the session and enthusiastically participates in the activities.

INTERVENTION STRATEGY

The Stress Management Intervention consisted of three weeks of Stress Management Training. The subject met twice per week for fifty minutes in an office at the high school. The purpose of the intervention was to reduce the stress attributed to the demands of early parenting in adolescent mothers. A combination of relaxation methods and cognitive restructuring were the techniques used in the intervention.

Day 1,2,3

To secure baseline data on stress, the Sources of Stress Inventory was administered across three consecutive days.

The Sources of Stress Inventory (Short Form) is a twenty-seven item close-ended instrument designed to measure the amount of stress brought on by people and the subjects' environment. The responses to the questions are given in a six point Likert scale ranging from "no stress" to "extreme stress" with the mean score computed. The obtained score is derived by summing the indicated stress amounts for each item and dividing by twenty-seven.

As a component of the Cognitive Restructuring Technique

which will be introduced later, Ann was given a list of affirmations that were compiled from "Acts of Faith." The selected affirmations were chosen based on my knowledge of Ann as well as the strengths that she needed to draw on such as her spirituality and resiliency. Ann was also given a journal to make daily entries, especially about stressful situations.

Day 4

Day four was the first day of the intervention phase. This session began by rehearsing the technique for the recitation of the affirmations that were distributed during the first day. Ann was instructed to recite one daily as a necessary component of the program. Ann was also encouraged to create her own affirmations if she had a specific need to be addressed. Since the intervention is to benefit her, she must also have input in the format of the technique.

This session was also the introduction of the Cognitive Restructuring Component. Step one of this component was to assist Ann to identify any dysfunctional beliefs and patterns of thought. We identified any negative self-statements that she may be experiencing such as feeling bad because she is an adolescent mother or that her mother is in prison for murder. After identifying the feelings, we replaced them with positive feelings. Ann felt that although she is an adolescent mother and sometimes it bothers her when people look at her disapprovingly, she is

making the best of the situation. She is working to be a good mother for her children. Ann says that she reminds herself that she is not a bad person because her mother is in jail, her mother made her own choices.

Ann was also educated on the physiological symptoms of stress and she was given a hand-out on how stress occurs. The hand-out consisted of four steps. Step one was the potentially stressful situation or people demands. Step two represents the coping person and the processes by which we respond to stress, ie: homeostasis, circadian rhythm, general adaptation syndrome, and cognitive appraisal. Step three is the stress response which is the physiological manner in which our bodies respond to the stressor. Step four represents the processes such as poor solutions, worry, and learned helplessness that keep the stress going.⁷

Day 5

This session consisted of an introduction to the relaxation technique. The relaxation method that was used for this study was a passage taken from "Becoming Stress-Resistant Through the Project Smart Program."⁸ During the session, I read the hand-out to Ann and we rehearsed visualizing the scene in the passage. I instructed her to practice at home as frequently as she felt was necessary and

⁷Flannery, Raymond B. Becoming Stress-Resistant Through the Project Smart Program. (New York, NY: Continuum Publishing Company, 1990).

⁸Ibid.

discuss her success or failure with the technique in her journal. We also took time during the session to discuss whether the affirmations were effective. Ann indicated that she did have some success. The incident that she gave was when one of the twins would not sleep and she was trying to complete her homework. After reciting an affirmation for five minutes, she was less frustrated. I congratulated her and encouraged her to keep up the good work.

The last half of the session, I introduced Step two of the Cognitive Restructuring Component. Ann was instructed to identify a situation that has caused her stress. Ann said that a stressful period for her was when she trusted a friend to become her legal guardian and she withheld Ann's Social Security benefits from her. Ann felt that she trusted the lady to care for her and it hurt to realize that she was only after her money. Ann also felt bad because the twins depend on her for financial support and now she sometimes has no money for diapers or clothes. She feels inadequate when she has to rely on others for help.

As part of this step, we devised tasks and coping strategies to help her to handle the situation. We contacted the Social Security Administration to secure a new payee for her benefits. Ann wants to be the only payee for the benefits but since she is only sixteen that is not permitted. We also set up a budget where she would be encouraged to place a portion of the money in savings for

emergencies.

This step also teaches Ann to develop strategies and tasks for situations that cause her stress. If she knows that a particular person or situation upsets her such as visiting her mother then developing a plan may prepare her for some of the situations that may occur.

Also, in order to assess the effectiveness of the intervention thus far, Ann was given the Sources of Stress Inventory at the end of this session.

Day 6

This session consisted of a review of previously learned techniques as well as an Introduction to Step Three of the Cognitive Restructuring Component. This step consisted of substituting functional self-statements in the place of self-defeating cognition. The task for this step would be to use positive self-statements that are both realistic and effective to eliminate negative emotional reactions and self-defeating behaviors. Also, with this step, Ann is encouraged to continue with the affirmations to replace negative and self-defeating behaviors.

The final step of the Cognitive Restructuring Component was introduced. Ann was encouraged to reward herself for successfully coping with a stressful situation or a person that was causing her stress. This step is important because it reinforces positive coping efforts.

Ann stated that a reward for her may be to go to a

movie without the twins or getting her hair done, so we decided that when she felt that she handled a situation well, she would plan a reward for herself. I advised her that it doesn't have to cost money but should be something that would be special to her.

Day 7

This session was the final day of the intervention. It consisted of a review of the Cognitive Restructuring Component as well as the relaxation technique. I asked Ann if she had any questions regarding anything that we have covered. She indicated that she had known. I encouraged her to continue writing in her journal as a way to express herself and her feelings. Ann said that she did like her journal because she was able to go over events of the day and how she handled them. She did say that she didn't particularly care for the relaxation technique because it was difficult to remember to do it when she was angry or stressed. She did, however say that she would try and remember to do the affirmations daily.

The last fifteen minutes of the session, I administered the Sources of Stress Inventory as a post-test. This data will be used to compare the baseline data to see if the intervention was effective in reducing the level of stress experienced by Ann.

CHAPTER IV

PRESENTATION OF FINDINGS

The composite graph displayed in Figure 1 represents the findings of this single-subject research. The Sources of Stress Inventory was the instrument used for measuring the levels of stress experienced by the subject: an adolescent mother of twins.

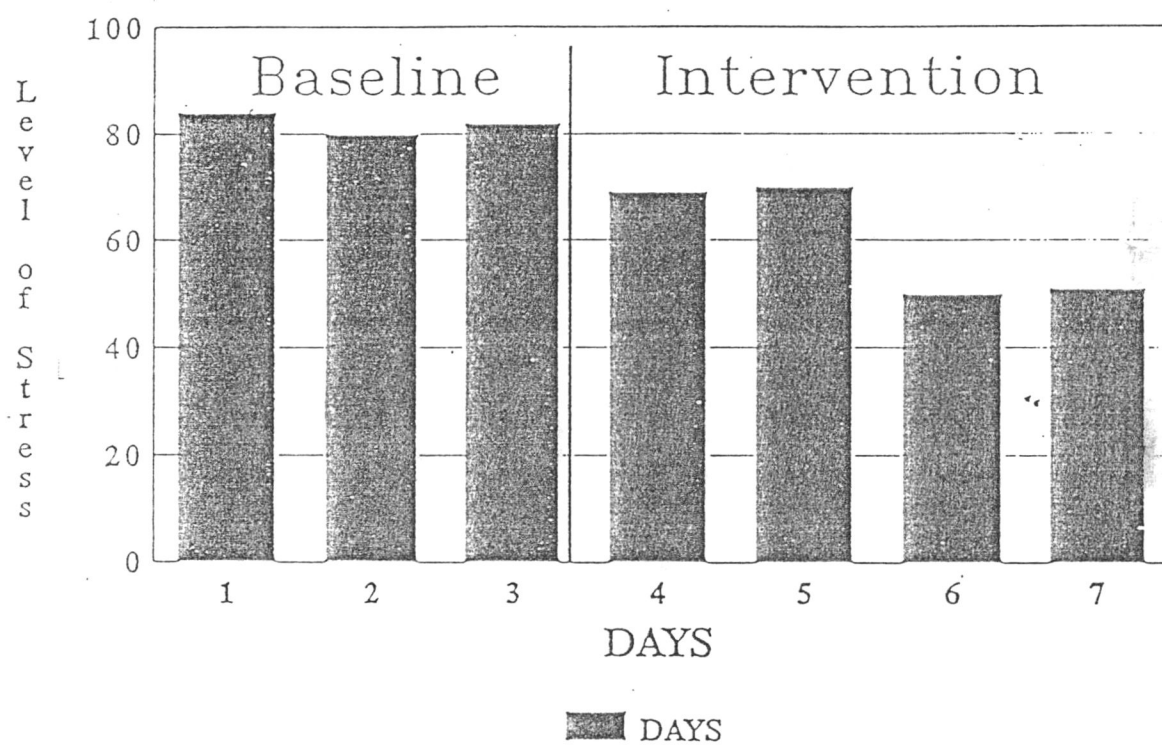
Figure 1 represents the baseline as well as intervention phase. Baseline data were gathered over a period of three consecutive days. Days 1 of the baseline indicated a score of 84 out of a possible 162 points. The subsequent days of the baseline revealed scores of 80 and 82, respectively. Days 4 thru 7 represent the intervention phase. Day 4 indicated a score of 69 out of a possible 162 points. Day 5, the score increased by one point, but the remaining days indicated a decrease in the level of stress. The subsequent days revealed scores of 50 and 51 respectively. As indicated during the intervention phase, there was an overall decrease in the subject's level of stress from baseline through intervention phase.

LIMITATIONS OF THE STUDY

The purpose of the A-B design is to show that the intervention prompted a change in the subjects level of stress. The findings, as previously outlined in Figure 1; show that the subjects response to the Stress Management Intervention was minimal. There was an overall decrease in the level of stress over course of the baseline and intervention phase.

The time frame of the program was also a limitation to the study. The subject would have been better served by a longer, more intensive time frame. It is suspected that stress is a profound response to external and internal pressures, and as such an on-going intervention is recommended for the subject. Also, the inconsistency of the subjects' participation led to a cursory intervention phase. This did not allow for a accurate assessment of the intervention on her level of stress.

FIGURE 1



CHAPTER V

CONCLUSION

The findings of this study suggest that the Stress Management Technique had a marked effect on the subjects' stress. The goal of the study was to decrease the level of stress experienced by the subject.

The Stress Management Technique consisted of two components: the Cognitive Restructuring Technique and the Relaxation Technique. However, the subject stated that she only had success with the Cognitive Restructuring Component, therefore, she would be more likely to continue that portion of the technique. The overall long-term outcome would be difficult to determine with the data that was obtained, however, due to the subjects' response to the Cognitive Restructuring Component it is reasonable to assume that the long-term effect would be complimentary.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Stress Management Techniques are relatively new treatment for the adolescent population. Due to the distracting environment and the subjects' indifferent attitude toward parts of the technique, the Stress Management Technique did not achieve the total desired effect. However, the study did indicate the stress-reducing potential of the technique.

RECOMMENDATIONS FOR FUTURE RESEARCH

Future research should provide a longer treatment program in order to facilitate a permanent change in the level of stress. The effects of stress have been attributed to child abuse and neglect as well as the overall well-being of mother and child. Therefore, the Stress Management Technique should be a continuous component of Teen Parenting Programs in order to increase the accessibility for adolescent mothers.

APPENDIX

SOURCES OF STRESS INVENTORY-SHORT FORM

Directions: Everyone faces stress in their lives. Common situations and events can make you feel tense, pressured, upset, or hassled. We are interested in learning how much different everyday experiences contribute to the daily level of stress. Each of the items on the following pages has been found to cause a number of people stress. Please read each item carefully, and decide how much stress each has caused you in the last few months. Below each item you will find numbers ranging from 1 to 6. These numbers allow you to indicate how much stress that item has caused you.

NO STRESS	LITTLE STRESS	SOME, STRESS	MODERATE STRESS	MUCH STRESS	EXTREME STRESS
1	2	3	4	5	6

AFTER YOU HAVE READ EACH ITEM, PLEASE CIRCLE THE NUMBER WHICH INDICATES HOW MUCH STRESS THAT ITEM HAS CAUSED YOU IN THE LAST FEW MONTHS.

1. How much stress do you feel about your money situation?

1 2 3 4 5 6

2. How much stress do you feel about household chores (cooking, gardening, cleaning, shopping, running errands, maintenance, taking out the garbage, mowing the lawn, etc.)?

1 2 3 4 5 6

3. How much stress do you feel coming from time demands and the situation of your daily schedule (getting everything ready at the same time, too many things to do with too little time, etc.)?

1 2 3 4 5 6

4. How much stress do you feel coming from your relationship with your spouse or partner?

1 2 3 4 5 6

5. How much stress do you feel associated with your relationship with others, such as parents, in-laws, relatives, or friends?

1 2 3 4 5 6

6. How much stress do you feel when an unusual or unplanned event occurs (a breakdown in plumbing, heating system, appliances such as the TV set, car trouble, etc.)?

1 2 3 4 5 6

7. How much stress do you feel from the situation with your children (their behavior, their development, or the things you do for them)?

1 2 3 4 5 6

8. How much stress do you feel about your family's health?
1 2 3 4 5 6
9. How much stress do you feel about your own health?
1 2 3 4 5 6
10. How much stress do you feel about your own health?
1 2 3 4 5 6
11. How much stress do you feel because of society today
(inflation, political events, crime, the quality of the schools)?
1 2 3 4 5 6
12. How much stress do you feel from worries or problems about
yourself?
1 2 3 4 5 6
13. How much stress do you feel from pressure and duties from your
job or from not having a job?
1 2 3 4 5 6
14. How much stress do you feel from your relationship with your
mother?
1 2 3 4 5 6
15. How much stress do you feel from your relationship with your
father?
1 2 3 4 5 6
16. How much stress do you feel from your relationship with your
brothers and sisters?
1 2 3 4 5 6
17. How much stress do you feel from your relationship with your
baby's father?
1 2 3 4 5 6
18. How much stress do you feel from the way people in public
places treat you as a pregnant adolescent or adolescent mother?
1 2 3 4 5 6
19. How much stress do you feel because your pregnancy or
motherhood limits your freedom or the kinds of things you want to
do?
1 2 3 4 5 6
20. How much stress do you feel when you think about your future?
1 2 3 4 5 6
21. How much stress do you/did you feel about your pregnancy and
delivery?
1 2 3 4 5 6
22. How much stress do you feel because of the physical changes in

your body during or as a result of pregnancy?

1 2 3 4 5 6

23. How much stress do you feel from trying to do everything you are supposed to do?

1 2 3 4 5 6

24. How much stress do you feel because you have to depend upon your parents for help?

1 2 3 4 5 6

25. How much stress do you feel from disagreements with your parents?

1 2 3 4 5 6

26. How much stress do you feel from a lack of support and help from other people?

1 2 3 4 5 6

27. How much stress do you feel because you are expected to act like a parent but are also treated like a child/minor at the same time?

1 2 3 4 5 6

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